FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼ 655 Beach Street

☐ Check if different than previously reported. (ACC)

CITY ▲	STATE ▲	ZIP CODE ▲
San Francisco	CA	94109 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00196246

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☒ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 03 / 01 / 2014 through 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer *Steven Rausch* ***[Electronically Filed]*** Date 04 / 16 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 03 / 01 / 2014 To: 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		450006.08
(b) Cash on Hand at Beginning of Reporting Period	411335.99	
(c) Total Receipts (from Line 19)	107694.50	162779.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	519030.49	612786.00
7. Total Disbursements (from Line 31)	57089.12	150844.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	461941.37	461941.37
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M 03 / D D 01 / Y Y Y Y 2014 To: M M 03 / D D 31 / Y Y Y Y 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	85789.01	129590.67
(ii) Unitemized	21905.49	33189.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	107694.50	162779.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	107694.50	162779.92
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	107694.50	162779.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	107694.50	162779.92

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	89.12	261.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	89.12	261.30
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	57000.00	150500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	83.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	83.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	57089.12	150844.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	57089.12	150844.63

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	107694.50	162779.92
34. Total Contribution Refunds (from Line 28(d))	0.00	83.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	107694.50	162696.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	89.12	261.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	89.12	261.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Thomas Aaberg Jr.
Mailing Address: 2081 Hunters Run NE
City: Ada State: MI Zip Code: 49301
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 28 / 2014
Transaction ID : 19F63370-4EA1-4F1A-8
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Charles Ahn
Mailing Address: 1327 Butterfield Rd Ste 618
City: Downers Grove State: IL Zip Code: 60515-1001
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : 6B919591-43DC-4C7B-9
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Chad Anderson
Mailing Address: 1811 W Royal Hunte Dr Ste 1
City: Cedar City State: UT Zip Code: 84720-8174
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 03 / 31 / 2014
Transaction ID : 4A6279FF-C32A-4369-B
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 1083.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Antonio Aragon II
Mailing Address: 7411 Wallace Blvd
City: Amarillo State: TX Zip Code: 79106-1835
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : EE4AFD46-6C6B-439B-A
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Robert Bahr
Mailing Address: 41 Cooke Street
City: Providence State: RI Zip Code: 02906
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 03 / 26 / 2014
Transaction ID : 41C42019-1AAE-4932-B
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Robert Bailey
Mailing Address: 4060 Butler Pike Ste 100
City: Plymouth Meeting State: PA Zip Code: 19462-1560
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 03 / 19 / 2014
Transaction ID : 5A2F6A7D-05A5-477F-8
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1365.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Lauren Baker
Mailing Address: 345 E 53rd St
City: Minneapolis State: MN Zip Code: 55419-1431
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 07 / 2014
Transaction ID : 435E69DE-0AB3-42AD-8
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Ray Balyeat
Mailing Address: 2000 S Wheeling Ave Ste 400
City: Tulsa State: OK Zip Code: 74104-5641
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 03 / 13 / 2014
Transaction ID : 60411552-CDDA-4F7B-B
Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Charles Barr
Mailing Address: 301 E Muhammad Ali Blvd
City: Louisville State: KY Zip Code: 40202-1511
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 21 / 2014
Transaction ID : A1095615-F51E-4AF7-8
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Anthony Barri
Mailing Address: 489 Route 184, Ste 100
City: Groton State: CT Zip Code: 06340
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 / 12 / 2014
Transaction ID : 59CB750A-33B7-451C-8
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial): Joseph Barron
Mailing Address: 3101 Mercedes Dr
City: Monroe State: LA Zip Code: 71201-5159
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 14 / 2014
Transaction ID : C9C0B9BB-D9B5-4E14-A
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Vineet Batra
Mailing Address: 15051 Hesperian Blvd Ste A
City: San Leandro State: CA Zip Code: 94578-3536
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : 7DB6AC6A-DEF7-40CA-8
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1665.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): James Battle III
Mailing Address: 228 Michaels Ridge Blvd
City: Johnson City State: TN Zip Code: 37615-4491
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : C925E005-3D6A-424F-8
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Gregg Berdy
Mailing Address: 12990 Manchester Rd Ste 200
City: Des Peres State: MO Zip Code: 63131-1860
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 03 / 12 / 2014
Transaction ID : F28C126D-EE3F-43F1-B
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): J. Mark Berry
Mailing Address: 11601 Toepperwein Rd
City: Live Oak State: TX Zip Code: 78233-3147
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 03 / 31 / 2014
Transaction ID : 7A09EB91-7C5A-4CCA-B
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1365.00

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Christopher Blodi
Mailing Address: 1501 50th St Ste 133
City: West Des Moines | State: IA | Zip Code: 50266-5920
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 25 / 2014
Transaction ID : 1B123906-5885-4109-8
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Steven Bodine
Mailing Address: 915 Palmer Rd
City: Bronxville | State: NY | Zip Code: 10708-3304
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 12 / 2014
Transaction ID : 9BA40ED2-5004-4F65-8
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): H. Culver Boldt
Mailing Address: 200 Hawkins Dr
City: Iowa City | State: IA | Zip Code: 52242-1009
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 26 / 2014
Transaction ID : 82625A4A-6F0B-4CED-B
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1365.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Stephen Breaud
Mailing Address: 7698 Goodwood Blvd
City: Baton Rouge State: LA Zip Code: 70808
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 26 / 2014
Transaction ID : A365BE20-FBEF-49C3-8
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Frederick Bruening
Mailing Address: 5014 Villa Linde Pkwy
City: Flint State: MI Zip Code: 48532
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 11 / 2014
Transaction ID : B6844EF4-549D-468A-9
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Linda Burk
Mailing Address: 10740 N Central Expy Ste 120
City: Dallas State: TX Zip Code: 75231-2162
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 14 / 2014
Transaction ID : 56AE9173-F74D-4AC5-B
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 2365.00

TOTAL This Period (last page this line number only) ▶

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): F. Keith Busse
Mailing Address: 4700 Seton Center Pkwy Ste 150
City: Austin State: TX Zip Code: 78759-5711
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 12 / 2014
Transaction ID : 391A6F37-0DCB-47C7-8
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Kenneth Cahill
Mailing Address: 262 Neil Ave Ste 430
City: Columbus State: OH Zip Code: 43215-7312
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : 0D3136E7-C781-42D3-A
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Joyce Cassen
Mailing Address: 850 W Hind Dr Ste 212
City: Honolulu State: HI Zip Code: 96821-1845
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 24 / 2014
Transaction ID : C8E51FA2-9462-4C76-8
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Betty Cervenak
Mailing Address: 9 William penn rd
City: Warren State: NY Zip Code: 07059
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : AF878535-4189-479D-9
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): R. V. Chan
Mailing Address: 630 1st Ave Apt 12L
City: New York State: NY Zip Code: 10016-3712
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 03 / 29 / 2014
Transaction ID : EFA15D24-2CBD-4356-8
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Jack Mabry Mabry Chapman
Mailing Address: 2061 Beverly Rd
City: Gainesville State: GA Zip Code: 30501-2034
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 03 / 31 / 2014
Transaction ID : A7E872E9-3A8D-49A8-9
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 1448.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Steven Charles
Mailing Address: 6401 Poplar Ave Ste 190
City: Memphis State: TN Zip Code: 38119-4810
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 27 / 2014
Transaction ID : 62D261D3-5635-46E1-9
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Cesar Chavez
Mailing Address: PO Box 790
City: Solana Beach State: CA Zip Code: 92075-0790
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : E6AD9040-239A-4CE2-A
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Donald Cinotti
Mailing Address: 600 Pavonia Ave Ste 6
City: Jersey City State: NJ Zip Code: 07306-2932
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 03 / 31 / 2014
Transaction ID : 490B675D-5572-43FA-A
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Joseph Coney
Mailing Address: 2816 Veron Ln
City: Twinsburg State: OH Zip Code: 44087-3249
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : 84F6E174-524C-4C7F-B
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Brian Connolly
Mailing Address: 28 Delancey Ct
City: Pittsford State: NY Zip Code: 14534-2700
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 21 / 2014
Transaction ID : 1728AFA7-F2DC-43EA-8
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): William Constad
Mailing Address: 600 Pavonia Avenue 6th Floor
City: Jersey City State: NJ Zip Code: 07306
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 / 10 / 2014
Transaction ID : 62B97AF3-12C4-4476-A
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1615.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Ralph Crew
Mailing Address: 650 Linden St Ste 5
City: Big Rapids | State: MI | Zip Code: 49307-1880
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : D69374FE-3DE3-431B-9
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Martha Damaske Snearly
Mailing Address: 8055 Twin Oaks Drive
City: Broadview Heights | State: OH | Zip Code: 44147
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 03 / 21 / 2014
Transaction ID : 2E4B8A89-12CA-47A0-9
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Gary Denslow
Mailing Address: 4606 E 67th St Ste 400
City: Tulsa | State: OK | Zip Code: 74136-4950
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 600.00
Date of Receipt: 03 / 19 / 2014
Transaction ID : A78EB9BF-C7BA-4223-9
Amount of Each Receipt this Period: 600.00

SUBTOTAL of Receipts This Page (optional) ▶ 1965.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Robert Malcolm Edwards

Mailing Address 1240 Colonial Commons Ct

City: Lancaster | State: SC | Zip Code: 29720-2200

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 03 / 14 / 2014

Transaction ID : B8CE3088-1652-4BBF-8

Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial)
Terry Forrest

Mailing Address 2503 Isaac Drive

City: Goldsboro | State: NC | Zip Code: 27530

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 03 / 17 / 2014

Transaction ID : 07006EC9-7872-45E3-A

Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial)
George Frangieh

Mailing Address 158 Bay Colony Dr

City: Westwood | State: MA | Zip Code: 02090

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 03 / 17 / 2014

Transaction ID : D6E8C53D-87D0-44A7-9

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1095.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Luther Fry
Mailing Address: 310 E Walnut Street
City: Garden City | State: KS | Zip Code: 67846-5560
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 21 / 2014
Transaction ID : 30B588AC-BC54-464D-8
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): David George
Mailing Address: 418 Grand Park Dr Ste 315
City: Parkersburg | State: WV | Zip Code: 26105-4000
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 / 27 / 2014
Transaction ID : 1DF13C4A-590D-4985-8
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Blake Geren
Mailing Address: 3120 S. 57th St.
City: Fort Smith | State: AR | Zip Code: 72903
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 28 / 2014
Transaction ID : 6A978C80-889D-419E-9
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Warren Goldblatt
Mailing Address: 9 Hartswood Rd
City: Dover State: NH Zip Code: 03820-4337
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 16 / 2014
Transaction ID : 43B0717C-C46C-4C07-A
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Robert Green Jr.
Mailing Address: 414 Navarro St Ste 400
City: San Antonio State: TX Zip Code: 78205-2505
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : 36CEE6AB-4B1D-4273-A
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Erich Groos
Mailing Address: 2400 Patterson Ste 201
City: Nashville State: TN Zip Code: 37203-1587
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 24 / 2014
Transaction ID : BFAE441D-141E-4FA8-8
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2365.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): John Hagan
Mailing Address: 9401 N Oak Trfy Ste 200
City: Kansas City | State: MO | Zip Code: 64155-3393
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1166.70
Date of Receipt: 03 / 14 / 2014
Transaction ID : 12AD80C6-2BF3-4231-A
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): John Haley
Mailing Address: 1626 Forest Ln S Ste B
City: Garland | State: TX | Zip Code: 75042-7943
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 13 / 2014
Transaction ID : 4B7AE412-AE65-4107-A
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Lawrence Halperin
Mailing Address: 5882 Windsor Ter
City: Boca Raton | State: FL | Zip Code: 33496-2758
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 28 / 2014
Transaction ID : E1E31E0E-72B0-45DB-A
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1865.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): David Harris Jr.
Mailing Address: 1928 Alcoa Hwy Ste 324
City: Knoxville State: TN Zip Code: 37920-1505
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : FE418EDE-A82E-4181-8
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Weldon Havins
Mailing Address: 88 Ancient Hills Ln
City: Henderson State: NV Zip Code: 89074-1750
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 03 / 19 / 2014
Transaction ID : AEE9CD9F-EA7C-466A-A
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Marnix Heersink
Mailing Address: 2800 Ross Clark Circle SW
City: Dothan State: AL Zip Code: 36301
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : 12663D5F-5DA6-41E1-9
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1730.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Jeffrey Heier
Mailing Address: 50 Staniford St, Ste 600
City: Boston State: MA Zip Code: 02114-2587
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 13 / 2014
Transaction ID : 4612897E-8CAD-4EB6-A
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Bruce Henderson
Mailing Address: 1455 E Bert Kouns Loop
City: Shreveport State: LA Zip Code: 71105-5634
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 10 / 2014
Transaction ID : B8127455-0DAB-4D35-A
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): William Holcomb
Mailing Address: 1813 Kress St NE
City: Cullman State: AL Zip Code: 35058-1565
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 03 / 14 / 2014
Transaction ID : 7C084825-376F-4AF6-B
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 1583.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): John Holds
Mailing Address: 12990 Manchester Rd Ste 102
City: Des Peres | State: MO | Zip Code: 63131-1860
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 03 / 23 / 2014
Transaction ID : 0E0D1E8A-B9B1-4D7D-B
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Morton Israel
Mailing Address: 770 Magnolia Ave Ste 2D
City: Corona | State: CA | Zip Code: 92879-3122
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 03 / 31 / 2014
Transaction ID : F68F37FA-55FF-4601-8
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial): Michael Jacobs
Mailing Address: 1080 Vend Dr Ste 100
City: Bogart | State: GA | Zip Code: 30622-3051
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 03 / 13 / 2014
Transaction ID : BF571B50-0FFD-4969-B
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1448.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Randolph Johnston
Mailing Address: 520 Saddle Drive
City: Cheyenne State: WY Zip Code: 82009
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 31 / 2014
Transaction ID : 69044342-0DCC-4BB1-A
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Emilio Justo
Mailing Address: 19052 R. H. Johnson Blvd
City: Sun City West State: AZ Zip Code: 85375-4401
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 11 / 2014
Transaction ID : B87FDC20-C566-496A-8
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Henry Kaplan
Mailing Address: 301 E Muhammad Ali Blvd
City: Louisville State: KY Zip Code: 40202-1511
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 24 / 2014
Transaction ID : B5EFA593-E226-4A7A-9
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1365.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Kenneth Kato
Mailing Address: 2020 Fleischmann Rd
City: Tallahassee State: FL Zip Code: 32308-4599
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 14 / 2014
Transaction ID : E4C67657-EF26-440B-A
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Anne Keating
Mailing Address: 3433 Shadow Wood Lane
City: West Fargo State: ND Zip Code: 58078
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 24 / 2014
Transaction ID : 8EE2F3BE-4A96-4DC5-9
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Robert Kennedy
Mailing Address: 1675 Providence Ave
City: Schenectady State: NY Zip Code: 12309-3919
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : 4F92168C-38D9-4CA3-8
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1865.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): William Kilpatrick
Mailing Address: 7550 E 2nd St
City: Scottsdale State: AZ Zip Code: 85251-4504
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : 7675F9AF-D8B7-4915-8
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Craig King
Mailing Address: 3209 N 4th St Ste 100
City: Longview State: TX Zip Code: 75605-5170
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 395.38
Date of Receipt: 03 / 31 / 2014
Transaction ID : EF1AC7B7-C2E1-49CE-A
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Judith Kirby
Mailing Address: 4209 Bordeaux Ave
City: Dallas State: TX Zip Code: 75205-3717
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 666.70
Date of Receipt: 03 / 20 / 2014
Transaction ID : 7D60E545-7587-4EFF-9
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Steven Kirkham
Mailing Address: 1462 Marion Waldo Rd
City: Marion State: OH Zip Code: 43302-7422
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 10 / 2014
Transaction ID : 6C943FD2-4AA0-4D00-A
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): David Kleiman
Mailing Address: 3025 Matlock Rd
City: Arlington State: TX Zip Code: 76015
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 11 / 2014
Transaction ID : E14F9842-B568-4307-A
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Stephen Kondash
Mailing Address: 6909 Good Samaritan Dr
City: Cincinnati State: OH Zip Code: 45247-5207
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 14 / 2014
Transaction ID : 78D41927-A393-4A7F-A
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 2365.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Michael Korey
Mailing Address: 3982 North Milwaukee Ave
City: Chicago State: IL Zip Code: 60641
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : BAA57D21-4F60-4547-B
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Kristine Kunesh-Part
Mailing Address: 2601 Far Hills Ave
City: Dayton State: OH Zip Code: 45419-1634
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : 9C633312-B060-41CC-9
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Adrian Lavina
Mailing Address: 124 Ebbtide Drive
City: North Palm Beach State: FL Zip Code: 33408
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 03 / 2014
Transaction ID : DB87C555-EA62-4F69-A
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1730.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Zane Lazer
Mailing Address: 418 Grand Park Dr Ste 315
City: Parkersburg State: WV Zip Code: 26105-4000
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 / 27 / 2014
Transaction ID : 9B4F08F4-C093-4B5A-A
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Martin Lederman
Mailing Address: 3020 Westchester Ave Ste 402
City: Purchase State: NY Zip Code: 10577-2561
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 10 / 2014
Transaction ID : 3ABF7CDA-4C17-490C-8
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Heath Lemley
Mailing Address: 4414 Crown Point Dr
City: Morgantown State: WV Zip Code: 26508-8688
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 27 / 2014
Transaction ID : 325552D4-0B4F-4E3C-8
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 980.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Rick Leoni
Mailing Address: 203 Rue Louis Xiv Ste A
City: Lafayette State: LA Zip Code: 70508-5736
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : 3EF16796-A5A7-4590-9
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Cecily Lesko
Mailing Address: 1005 Clifton Ave Ste 1
City: Clifton State: NJ Zip Code: 07013-3561
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 10 / 2014
Transaction ID : E83230DC-6733-4583-A
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Nick Mamalis
Mailing Address: 65 Mario Capecchi Dr
City: Salt Lake City State: UT Zip Code: 84132-0001
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 18 / 2014
Transaction ID : C782F5D4-691B-4579-9
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Mark Mannis
Mailing Address: 4860 Y St # 2400
City: Sacramento State: CA Zip Code: 95817-2307
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 19 / 2014
Transaction ID : 4567DBC0-90BA-442E-B
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Raj Maturi
Mailing Address: 200 W 103rd St #1060
City: Indianapolis State: IN Zip Code: 46290-1092
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 14 / 2014
Transaction ID : 8A1B84DA-4A29-4101-8
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Michael McCracken
Mailing Address: 2285 East Columbia Place
City: Denver State: CO Zip Code: 80210
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 03 / 2014
Transaction ID : 10E9DB46-2CB3-42C5-8
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Nick McLane
Mailing Address: 317 Saint Francis Dr Ste 330
City: Greenville State: SC Zip Code: 29601-3914
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03/24/2014
Transaction ID : AF025308-3649-4680-A
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Aaron Miller
Mailing Address: 31 S Almondell Way
City: The Woodlands State: TX Zip Code: 77354
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03/31/2014
Transaction ID : 07A70AB5-0E2D-4980-8
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): Adrienne Millett
Mailing Address: 207 Wimberly Place
City: Richmond State: KY Zip Code: 40475-3541
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03/27/2014
Transaction ID : 2BAE68E3-FD20-47C0-B
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 965.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Richard Mills
Mailing Address: 1221 Madison St Ste 1124
City: Seattle State: WA Zip Code: 98104-3536
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 07 / 2014
Transaction ID : 3ACE5727-0E7F-4EE7-9
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Lawrence Minardi
Mailing Address: 500 Donnally St Ste 1
City: Charleston State: WV Zip Code: 25301-1677
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1199.00
Date of Receipt: 03 / 21 / 2014
Transaction ID : 0A2BD882-4B19-4A25-8
Amount of Each Receipt this Period: 1199.00

C. Full Name (Last, First, Middle Initial): Amalia Miranda
Mailing Address: 3435 NW 56th St Ste 700
City: Oklahoma City State: OK Zip Code: 73112-4442
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 03 / 31 / 2014
Transaction ID : EF50053F-6F9E-49E8-8
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 1647.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Craig Morgan
Mailing Address: 1611 13th Ave
City: Huntington | State: WV | Zip Code: 25701-3811
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : D595B807-6DAE-4A1C-A
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): C. Blake Blake Myers
Mailing Address: 28 Craigwood Court
City: Greenville | State: SC | Zip Code: 29607
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : 6742632B-BE3A-44F6-A
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Stephen Nagy
Mailing Address: 8949 Centergrove Place Drive
City: Clemmons | State: NC | Zip Code: 27012
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 07 / 2014
Transaction ID : DCF7AE25-465E-4C16-9
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Sanjeev Nath
Mailing Address: Apt 34E, 530 E 76th St
City: New York | State: NY | Zip Code: 10021-3177
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 02 / 2014
Transaction ID : 95B80489-C369-4F2F-A
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Janet Neigel
Mailing Address: 101 Old Short Hills Rd Ste 204
City: West Orange | State: NJ | Zip Code: 07052-1023
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 28 / 2014
Transaction ID : 63A92FFB-B66B-454C-9
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Ngoc Nguyen
Mailing Address: 2380 Montpelier Dr Ste 300
City: San Jose | State: CA | Zip Code: 95116-1620
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 18 / 2014
Transaction ID : 89EFD461-069B-4A72-B
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Juan Carlos Nieto
Mailing Address: 2140 John F Kennedy Rd
City: Dubuque State: IA Zip Code: 52002
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 12 / 2014
Transaction ID : B4C48BF3-35F4-4E9F-9
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Chad Norton
Mailing Address: 231 Windermere Blvd
City: Alexandria State: LA Zip Code: 71303-3538
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : BBD0454A-7055-453A-A
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Stephen Orr
Mailing Address: 15840 Medical Dr S Ste A
City: Findlay State: OH Zip Code: 45840-7833
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : 3B429B2A-5A2A-4BAD-9
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1730.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Richard Ou
Mailing Address: 3767 Georgetown St
City: Houston State: TX Zip Code: 77005-2821
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 31 / 2014
Transaction ID : 404BDBF9-D4BA-4746-8
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Andrew Packer
Mailing Address: 85 Seymour St Ste 822
City: Hartford State: CT Zip Code: 06106-5527
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 18 / 2014
Transaction ID : 6DF2CC22-8725-444C-B
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Steve Park
Mailing Address: 25 Fall Meadow Drive
City: Pittsford State: NY Zip Code: 14534
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 21 / 2014
Transaction ID : 64B54B3A-4DCA-4D38-A
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): D. Parker
Mailing Address: 360 S Mount Auburn Rd
City: Cape Girardeau | State: MO | Zip Code: 63703-4920
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 14 / 2014
Transaction ID : 8744B6B9-F381-47BC-8
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Harpreet Nini Patheja
Mailing Address: 110 Pepper Hill Way
City: Aiken | State: SC | Zip Code: 29801
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : 72DA0FF3-C94C-4CB4-9
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Thomas Pheasant
Mailing Address: 220 Grandview Ave
City: Camp Hill | State: PA | Zip Code: 17011-1778
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 26 / 2014
Transaction ID : F0DA434D-2D67-4F7F-B
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2365.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Michael Pisacano
Mailing Address: 11 Hettiefred Rd
City: Greenwich State: CT Zip Code: 06831-3258
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 14 / 2014
Transaction ID : F52A18D6-DA20-4061-B
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): David Plager
Mailing Address: 1160 W Michigan St
City: Indianapolis State: IN Zip Code: 46202-5209
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 10 / 2014
Transaction ID : D0F5DE54-608C-42D6-9
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): John Pollack
Mailing Address: 300 Barney Dr Ste D
City: Joliet State: IL Zip Code: 60435-5279
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 12 / 2014
Transaction ID : 7901008D-5CE2-4A9C-8
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Dustin Pomerleau
Mailing Address: 195 Fore River Pkwy Ste 480
City: Portland State: ME Zip Code: 04102-2787
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 03 / 10 / 2014
Transaction ID : 90C6B89B-4A1C-4E78-9
Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial): Norman Radtke
Mailing Address: 3 Audubon Plaza Dr Ste 240
City: Louisville State: KY Zip Code: 40217-1319
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 14 / 2014
Transaction ID : DA3C2B5A-B19C-4E08-A
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Steve Rausch
Mailing Address: 452 Chenery St
City: San Francisco State: CA Zip Code: 94131-3030
FEC ID number of contributing federal political committee: C
Name of Employer: AAO
Occupation: Director, Finance
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 26 / 2014
Transaction ID : E9B5DB3E1F5F2EDCE55
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1575.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Stephen Reck
Mailing Address: 1418 Bethel Park Ct NE
City: Olympia State: WA Zip Code: 98506-3301
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : 8CE0D8FD-5CBA-4D4B-A
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Annette Reda
Mailing Address: 885 Kempsville Rd Ste 101
City: Norfolk State: VA Zip Code: 23502-3800
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 21 / 2014
Transaction ID : A1EBE7C3-9E8E-4894-9
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Michael Repka
Mailing Address: 1018 Winding Way
City: Baltimore State: MD Zip Code: 21210
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 / 26 / 2014
Transaction ID : 199F6223-2949-4B45-B
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1615.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Chester Ridenour
Mailing Address: 398 Highgate Ave
City: Worthington State: OH Zip Code: 43085-3019
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : 9AB41443-CD15-42D6-B
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Gregory Riffle
Mailing Address: 9485 Mentor Ave Ste 110
City: Mentor State: OH Zip Code: 44060-8724
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 / 21 / 2014
Transaction ID : F83D8B9F-C7FF-443F-B
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial): Teresa Rosales
Mailing Address: 4100 Long Beach Blvd Ste 108
City: Long Beach State: CA Zip Code: 90807-2696
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 28 / 2014
Transaction ID : 62C5CBC6-C5C1-4442-A
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1165.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): John Rosculet
Mailing Address: 906 Windward Court
City: Neenah State: WI Zip Code: 54956
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 03 / 28 / 2014
Transaction ID : 0AD19652-FC95-4110-A
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Philip Rosenfeld
Mailing Address: 900 NW 17th St
City: Miami State: FL Zip Code: 33136-1119
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 03 / 02 / 2014
Transaction ID : 93C7C3A9-6D16-4C43-8
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): David Rothberg
Mailing Address: 3820 TAMPA RD SUITE 101
City: PALM HARBOR State: FL Zip Code: 34684
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 03 / 22 / 2014
Transaction ID : D6DAAA7F-8589-4D5D-9
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Steven Rubin
Mailing Address: 600 Northern Blvd Ste 220
City: Great Neck State: NY Zip Code: 11021-5200
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 / 27 / 2014
Transaction ID : 85B67627-5034-4529-9
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Ryan Rush
Mailing Address: 7411 Wallace Blvd
City: Amarillo State: TX Zip Code: 79106-1835
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : A03036AB-D6CA-4FAD-B
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Tina Rutar
Mailing Address: 1408 East Barnett Road
City: Medford State: OR Zip Code: 97504
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : B515A239-1341-447B-A
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Nelson Sabates
Mailing Address: 11261 Nall Ave
City: Leawood State: KS Zip Code: 66211-1669
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 12 / 2014
Transaction ID : E4271769-79AE-4F88-A
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Sina John Sabet
Mailing Address: 5130 Duke St Ste 9
City: Alexandria State: VA Zip Code: 22304-2955
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 19 / 2014
Transaction ID : 4A1EEDFE-763B-4BD0-8
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Steven Safran
Mailing Address: 132 Franklin Corner Rd A-1
City: Lawrenceville State: NJ Zip Code: 08648
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : 99DB75EE-43F0-4F51-B
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1865.00

TOTAL This Period (last page this line number only) ▶

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): George Schirripa
Mailing Address: 970 N Broadway Ste 109
City: Yonkers State: NY Zip Code: 10701-1310
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 10 / 2014
Transaction ID : 8156A8CC-7C0C-4275-8
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Gary Scholes
Mailing Address: 345 College St SE Ste C
City: Lacey State: WA Zip Code: 98503-1014
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : 47FF4130-BA58-4DCA-A
Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial): Paul Schultz
Mailing Address: 1408 E Barnett Rd
City: Medford State: OR Zip Code: 97504-8279
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 624.99
Date of Receipt: 03 / 31 / 2014
Transaction ID : B45DC3B9-84AD-40EB-9
Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ▶ 1058.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Donald Schwartz
Mailing Address: 2650 Elm Ave Ste 108
City: Long Beach | State: CA | Zip Code: 90806-1600
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03/24/2014
Transaction ID : 79EB25CA-F98C-462D-9
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial): David Schwartzfarb
Mailing Address: 5162 Linton Blvd Suite 203
City: Delray Beach | State: FL | Zip Code: 33484
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03/13/2014
Transaction ID : 4A946CB7-3BFF-45CE-A
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): David Shepherd
Mailing Address: 41935 W 12 Mile Rd Ste 103
City: Novi | State: MI | Zip Code: 48377-3135
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.00
Date of Receipt: 03/03/2014
Transaction ID : A6B5E603-D679-463E-8
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1030.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): David Shepherd
Mailing Address: 41935 W 12 Mile Rd Ste 103
City: Novi | State: MI | Zip Code: 48377-3135
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.00
Date of Receipt: 03 / 21 / 2014
Transaction ID : 2DBDE057-D71D-4ABD-8
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): R. Michael Siatkowski
Mailing Address: 608 Stanton L Young Blvd
City: Oklahoma City | State: OK | Zip Code: 73104-5065
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 18 / 2014
Transaction ID : F4925FF1-C6BE-463E-B
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Steven Marc Silverstein
Mailing Address: 4240 Blue Ridge Blvd Ste 1000
City: Kansas City | State: MO | Zip Code: 64133-1754
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 24 / 2014
Transaction ID : 150F3E2D-4BC2-4A4E-9
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Neal Snebold
Mailing Address: 696 Main Street
City: Weymouth State: MA Zip Code: 02190
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 03 / 18 / 2014
Transaction ID : 65E4CB2F-955D-4370-8
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Gerald Spindel
Mailing Address: 6 Tsienneto Rd Ste 101
City: Derry State: NH Zip Code: 03038-1584
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 03 / 10 / 2014
Transaction ID : D174505A-73C7-4AB1-A
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Eric Steele
Mailing Address: 6815 SW 8th Ave
City: Portland State: OR Zip Code: 97219-2109
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : D55ADF9E-1520-4DE9-A
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 980.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Thomas Steinemann
Mailing Address: 17500 Shaker Blvd.
City: Shaker Heights State: OH Zip Code: 44120
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 26 / 2014
Transaction ID : C42439CD-8724-493E-A
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Roger Steinert
Mailing Address: 850 Health Sciences Rd
City: Irvine State: CA Zip Code: 92697-4375
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 21 / 2014
Transaction ID : E6B718B3-051E-4E57-A
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Paul Steinkuller
Mailing Address: 2658 E Santa Maria Dr
City: Casa Grande State: AZ Zip Code: 85194-3832
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 14 / 2014
Transaction ID : 247B4A83-2C9E-47FE-9
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Paul Sternberg Jr.
Mailing Address: 2311 Pierce Ave
City: Nashville State: TN Zip Code: 37232-0025
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 03 / 2014
Transaction ID : 467676E0-BFBE-4E15-B
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Donald Stone
Mailing Address: 7308 NE 101st Street
City: Oklahoma City State: OK Zip Code: 73151
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 03 / 31 / 2014
Transaction ID : A5B36D76-0FFB-44A8-A
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial): Scott Howard Strickler
Mailing Address: 418 Grand Park Dr Ste 315
City: Parkersburg State: WV Zip Code: 26105-4000
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 / 27 / 2014
Transaction ID : 38A53548-6E7B-4189-A
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1333.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Stephanie Sugin
Mailing Address: 1201 W Main St Ste 100
City: Waterbury State: CT Zip Code: 06708
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 03 / 2014
Transaction ID : 40430AF5-CFA3-47A3-8
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): John Sutphin
Mailing Address: 9310 State Line Road
City: Leawood State: KS Zip Code: 66206
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 03 / 09 / 2014
Transaction ID : 8473FF22-B606-4E8B-A
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): John Sutphin
Mailing Address: 9310 State Line Road
City: leawood State: KS Zip Code: 66206
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 03 / 27 / 2014
Transaction ID : 65D90602-9547-4726-B
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2365.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): James Swartley
Mailing Address: 6319 W Montana Ave
City: Boise State: ID Zip Code: 83704-6232
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : E83928BC-FAE2-4CFE-9
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Mark Szal
Mailing Address: 248 Pleasant St Ste 1600
City: Concord State: NH Zip Code: 03301-7513
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : 78B16331-4057-487C-9
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Randall Tozer
Mailing Address: 9811 N 95th St Ste 101
City: Scottsdale State: AZ Zip Code: 85258-4527
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 24 / 2014
Transaction ID : 72B06771-11AF-48D6-A
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Michael Vrabec
Mailing Address: 21 Park Pl
City: Appleton State: WI Zip Code: 54914-8872
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 28 / 2014
Transaction ID : 480E478F-5D61-4189-A
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Jonathan Walker
Mailing Address: 11811 Eagle Creek Pass
City: Fort Wayne State: IN Zip Code: 46814
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 12 / 2014
Transaction ID : C05FF915-07E1-4355-A
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): John Wallace
Mailing Address: 2664 Hartford Hwy
City: Dothan State: AL Zip Code: 36305-4904
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 / 17 / 2014
Transaction ID : C155C8C7-C535-4C40-9
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2365.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Aaron Weingeist
Mailing Address: 4717 53rd Ave S
City: Seattle State: WA Zip Code: 98118-1640
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 283.33
Date of Receipt: 03 / 02 / 2014
Transaction ID : A5052322-B1AC-453A-A
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial): Aaron Weingeist
Mailing Address: 4717 53rd Ave S
City: Seattle State: WA Zip Code: 98118-1640
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 283.33
Date of Receipt: 03 / 02 / 2014
Transaction ID : C73DE44F-0DC2-4CE5-9
Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial): Dana Weinkle
Mailing Address: 3131 S Tamiami Trl Ste 201
City: Sarasota State: FL Zip Code: 34239-5101
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 14 / 2014
Transaction ID : 10073122-6CE5-4D6C-B
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 648.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Charles Wesley
Mailing Address: 18077 River Ave Ste 103
City: Noblesville State: IN Zip Code: 46062-8311
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 10 / 2014
Transaction ID : B2D54D47-9FB2-4704-8
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Jeffrey Whitman
Mailing Address: 2801 Lemmon Ave Ste 400
City: Dallas State: TX Zip Code: 75204-2399
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 08 / 2014
Transaction ID : 9087313E-ED72-488C-B
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Wayne Whitmore
Mailing Address: 116 E 68th St
City: New York State: NY Zip Code: 10065
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 19 / 2014
Transaction ID : 558353B8-38FC-4AB7-8
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1365.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): C. P. Wilkinson
Mailing Address: 6569 N Charles St Ste 505
City: Baltimore State: MD Zip Code: 21204-5809
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 26 / 2014
Transaction ID : 24B31893-7A64-414E-8
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Robert Wing
Mailing Address: 1551 Rnssance Twn Dr Ste 340
City: Bountiful State: UT Zip Code: 84010-7670
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 / 19 / 2014
Transaction ID : 53400407-AD96-4FCF-A
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial): Jeremy Wolfe
Mailing Address: 3535 West 13 Mile Rd Ste 344
City: Royal Oak State: MI Zip Code: 48073
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.03
Date of Receipt: 03 / 14 / 2014
Transaction ID : 584C2FB4-2239-41DE-A
Amount of Each Receipt this Period: 83.37

SUBTOTAL of Receipts This Page (optional) ▶ 883.37

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Christopher Wood
Mailing Address: 1588 N Arlington Heights Rd
City: Arlington Heights | State: IL | Zip Code: 60004-3906
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 06 / 2014
Transaction ID : C6743992-D853-463E-A
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Alyson Yashar
Mailing Address: 21 Arrowhead Ln
City: Saddle River | State: NJ | Zip Code: 07458-2503
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 11 / 2014
Transaction ID : 3FBCF50A-A9F3-408E-8
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Jason Ysasaga
Mailing Address: 7411 Wallace Blvd
City: Amarillo | State: TX | Zip Code: 79106-1835
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : C1F80916-B7F4-4EBD-A
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Marco Zarbin
Mailing Address: 26 Sunset Dr
City: Chatham State: NJ Zip Code: 07928-1243
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 03 / 20 / 2014
Transaction ID : B4C73A89-D731-447C-8
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Scott Zeigen
Mailing Address: 130 Almshouse Rd Ste 202-B
City: Richboro State: PA Zip Code: 18954-1130
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 24 / 2014
Transaction ID : 09FF39E9-6E98-4DA9-A
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 865.00

TOTAL This Period (last page this line number only) ▶ 85789.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Wells Fargo Bank N.A.
Mailing Address: PO Box 63020
City: San Francisco State: CA Zip Code: 94163
Purpose of Disbursement: Bank charges - Mar 2014
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 31 / Y Y Y Y 2014
Transaction ID : CE10CB81275DD4C55E1
Amount of Each Disbursement this Period: 89.12

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 89.12

TOTAL This Period (last page this line number only) ▶ 89.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Alexander for Senate 2014 Inc
Mailing Address: 228 S Washington Street Suite 115
City: Alexandria State: VA Zip Code: 22314
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Lamar Alexander
Office Sought: ☐ House ☒ Senate ☐ President
State: TN District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 28 / 2014
Transaction ID : B9CF93B6719483C732C
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Ami Bera for Congress
Mailing Address: PO Box 582496
City: Elk Grove State: CA Zip Code: 95758
Purpose of Disbursement: 2014 General
Category/Type: 011
Candidate Name: Ameriash B. Bera
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 07
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : 773771330CCABEF925A
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Andy Harris for Congress
Mailing Address: PO Box 604
City: Bel Air State: MD Zip Code: 21014
Purpose of Disbursement: 2014 General
Category/Type: 011
Candidate Name: Andrew P. Harris
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 01
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : F2958E0A761E41E273B
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Blaine for Congress
Mailing Address: PO Box 1025
City: Jefferson City State: MO Zip Code: 65102
Purpose of Disbursement: 2014 Primary
Candidate Name: W. Blaine Luetkemeyer
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MO District: 03
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : 2493F534B4D013235B6
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Bucshon for Congress
Mailing Address: PO Box 250
City: Newburgh State: IN Zip Code: 47629
Purpose of Disbursement: 2014 Primary
Candidate Name: Larry D. Bucshon
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: IN District: 08
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : 530D6A0E518AB0A021F
Amount of Each Disbursement this Period: 1500.00

C. Full Name (Last, First, Middle Initial): Charles Boustany Jr. Md for Congress, Inc.
Mailing Address: PO Box 80126
City: Lafayette State: LA Zip Code: 70598-0126
Purpose of Disbursement: 2014 Primary
Candidate Name: Charles W. Boustany Jr.
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 07
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : D5DAE8EA0666C904D7D
Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Connolly for Congress
Mailing Address: 3706 Prado Place
City: Fairfax State: VA Zip Code: 22031
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Gerald E. Connolly
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 11
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : 9522BC5702BDDBF25FB
Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial): Dave Camp for Congress
Mailing Address: 5915 Eastman Avenue Suite 100
City: Midland State: MI Zip Code: 48640-6824
Purpose of Disbursement: 2014 General
Category/Type: 011
Candidate Name: David Lee Camp
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 04
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : EF1B44DCD7CDAC56790
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): David Vitter for US Senate
Mailing Address: 2900 Clearview Pkwy Suite 206
City: Metairie State: LA Zip Code: 70006
Purpose of Disbursement: 2016 Primary
Category/Type: 011
Candidate Name: David Vitter
Office Sought: [ ] House [X] Senate [ ] President
State: LA District:
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : FAF708277EBA41227D8
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Dr. Raul Ruiz for Congress
Mailing Address: PO Box 6116
City: La Quinta State: CA Zip Code: 92248
Purpose of Disbursement: 2014 Primary
Candidate Name: Raul Ruiz
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 36
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : 58D63BA43120764980D
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Friends of Erik Paulsen
Mailing Address: PO Box 44369, 250 Prairie Center Drive
City: Eden Prairie State: MN Zip Code: 55344
Purpose of Disbursement: 2014 Primary
Candidate Name: Erik Paulsen
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MN District: 03
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 05 / 2014
Transaction ID : 7BAEB2FC396C506D2E7
Amount of Each Disbursement this Period: 3000.00

C. Full Name (Last, First, Middle Initial): Friends of Joe Heck
Mailing Address: PO Box 750114
City: Las Vegas State: NV Zip Code: 89136
Purpose of Disbursement: 2014 Primary
Candidate Name: Joseph Heck Jr.
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NV District: 03
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : EC7E78A9C6CC0123172
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Friends of Joe Pitts
Mailing Address: PO Box 775
City: Unionville State: PA Zip Code: 19375
Purpose of Disbursement: 2014 Primary
Candidate Name: Joseph R. Pitts
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 16
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : DB5A33BFEE930415F15
Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial): Friends of Lois Capps
Mailing Address: PO Box 23940
City: Santa Barbara State: CA Zip Code: 93121
Purpose of Disbursement: 2014 Primary
Candidate Name: Lois Capps
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 24
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 28 / 2014
Transaction ID : B329DF79D257C890228
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Friends of Sherrod Brown
Mailing Address: PO Box 15293
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: 2018 Primary
Candidate Name: Sherrod Brown
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: OH District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : C9DBAC4CFCAC1EF2220
Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Healthcare Freedom Fund
Mailing Address: PO Box 2485
City: Springfield State: VA Zip Code: 22152
Purpose of Disbursement: 2014 Contribution
Candidate Name: Healthcare Freedom Fund
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 03 / 20 / 2014
Transaction ID : 4860BC41B4B4430B5CE
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Hoyer for Congress
Mailing Address: 700 13th Street, NW Suite 600
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: 2014 General
Candidate Name: Steny H. Hoyer
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 05
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 20 / 2014
Transaction ID : 7EC404F5D891E73B116
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Hudson for Congress
Mailing Address: PO Box 5053
City: Concord State: NC Zip Code: 28027-1500
Purpose of Disbursement: 2014 Primary
Candidate Name: Richard Lane Hudson Jr.
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 08
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 03 / 10 / 2014
Transaction ID : 9BCC29EA99621EEC334
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): John Lewis for Congress
Mailing Address: PO Box 2323
City: Atlanta State: GA Zip Code: 30301
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: John R. Lewis
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 05
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : 1C0D01A7B9773A92D12
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Lone Star Leadership PAC
Mailing Address: PO Box 30844
City: Bethesda State: MD Zip Code: 20824
Purpose of Disbursement: 2014 Contribution
Category/Type: 011
Candidate Name: Lone Star Leadership PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2014 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 03 / 20 / 2014
Transaction ID : E304764141692C38871
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Mike Crapo for US Senate
Mailing Address: PO Box 1948
City: Boise State: ID Zip Code: 83701
Purpose of Disbursement: 2016 Primary
Category/Type: 011
Candidate Name: Michael D. Crapo
Office Sought: ☐ House ☒ Senate ☐ President
State: ID District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : 27FE266B3F4317AD14E
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Pallone for Congress
Mailing Address: PO Box 3176
City: Long Branch State: NJ Zip Code: 07740
Purpose of Disbursement: 2014 General
Category/Type: 011
Candidate Name: Frank Pallone Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 06
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : 160C4DB60ACEE79074C
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Paul Tonko for Congress
Mailing Address: 911 Central Avenue, PO Box 221
City: Albany State: NY Zip Code: 12206
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Paul D. Tonko
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 20
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : 5B6165838826763FC1E
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Pittenger for Congress Llc
Mailing Address: PO Box 11207
City: Charlotte State: NC Zip Code: 28220-1207
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Robert M. Pittenger
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 09
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 28 / 2014
Transaction ID : 119FE599CCEADD7C253
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Price for Congress
Mailing Address: PO Box 425
City: Roswell State: GA Zip Code: 30077
Purpose of Disbursement: 2014 General
Category/Type: 011
Candidate Name: Thomas E. Price M.D.
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 06
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : D13BED8078674091446
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Reed Committee
Mailing Address: PO Box 8628
City: Cranston State: RI Zip Code: 02920
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Jack Francis Reed
Office Sought: ☐ House ☒ Senate ☐ President
State: RI District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 10 / 2014
Transaction ID : B0C5493910FC67DE886
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Roger Williams for U S Congress Committee
Mailing Address: PO Box 91061
City: Austin State: TX Zip Code: 78709-1061
Purpose of Disbursement: 2014 General
Category/Type: 011
Candidate Name: Roger Williams
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 25
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 10 / 2014
Transaction ID : 69C82E03EDB0EA9C193
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Roskam for Congress Committee
Mailing Address: PO Box 713
City: Wheaton State: IL Zip Code: 60187
Purpose of Disbursement: 2014 Primary
Candidate Name: Peter J. Roskam
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 06
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Category/Type: 011
Date of Disbursement: 03 / 10 / 2014
Transaction ID : 6551525A509134B0F36
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Scalise for Congress
Mailing Address: PO Box 23219
City: Jefferson State: LA Zip Code: 70183-3219
Purpose of Disbursement: 2014 Primary
Candidate Name: Stephen J. Scalise
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 01
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Category/Type: 011
Date of Disbursement: 03 / 20 / 2014
Transaction ID : 873C9161599A09E1945
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Southerland for Congress
Mailing Address: PO Box 1692
City: Lynn Haven State: FL Zip Code: 32444
Purpose of Disbursement: 2014 Primary
Candidate Name: William Steve Southerland II
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 02
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Category/Type: 011
Date of Disbursement: 03 / 05 / 2014
Transaction ID : 1AF72C1258E856AFB7E
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Steve Israel for Congress Committee
Mailing Address: PO Box 1400
City: Melville State: NY Zip Code: 11747
Purpose of Disbursement: 2014 Primary
Candidate Name: Steve J. Israel
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 03
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : 6CB8ABCDE53B1A1F465
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Udall for Colorado
Mailing Address: PO Box 40158
City: Denver State: CO Zip Code: 80204
Purpose of Disbursement: 2014 General
Candidate Name: Mark E. Udall
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: CO District:
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : E3E5242EE278596B851
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Yarmuth for Congress
Mailing Address: 1815 Brownsboro Road
City: Louisville State: KY Zip Code: 40202
Purpose of Disbursement: 2014 Primary
Candidate Name: John A. Yarmuth
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 03
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2014
Transaction ID : A59E7BDD9F4A26328E3
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶ 57000.00